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MEDICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL
HOSPITAL.—NO. I. SERVICE OF DR. MINOT.

Reported by Mr. WILLIAM L. RICHARDSON.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Facial Neuralgia*.—F. W., sea-captain, aged 43, entered the hospital February 12, 1867. He had always enjoyed good health till four years ago, when he began to be troubled with sharp neuralgic pains running from the left corner of the mouth to a point half way between the left eye and the articulation of the jaw. The attacks occurred at intervals of a few days, lasting from a few moments to an hour. In June, 1863, the trouble left him, and he remained free from pain till June, 1864. Since then, he has had scarcely any interval of relief. Previously to entering the hospital, he tried tonics and various antispasmodics, but with no effect. The only relief he has been able to obtain has been from the inhalation of ether, which he has used in large quantities. His general appearance was good; pulse 100; appetite good, but he was able to eat only the simplest things, and those very slowly, as the slightest movement of his jaw, either in eating or speaking, brought on a severe paroxysm of pain. The pain seemed to be located at a point half way between the left ala of the nose and the malar protuberance. The paroxysms occurred about every five minutes, lasting from twenty seconds to a minute or two, and were very severe. A subcutaneous injection of half a grain of sulphate of morphia at the seat of pain, followed in twenty minutes by a full grain, did not give the slightest relief. Ether was administered twice during the night, after which he rested comparatively well.

Feb. 13th.—He was put upon a course of arsenic and iron, and subsequently upon quinine and morphia, in pill, but with no effect. The paroxysms continued as severe as at entrance, the patient requiring from ten to twenty-four ounces of ether in the course of the twenty-four hours. March 8th, he was ordered sulph. strychnia gr.

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$\frac{1}{16}$, sulph. morph. gr. $\frac{1}{4}$, ext. belladon. gr. $\frac{1}{4}$, every four hours. Ether $\frac{3}{4}$ iij. at night, p. r. n. Diet, as good as he was able to take. On the 10th, he reported that he had had the best night since his entrance; but the pain was about the same in the morning. During the day it became less frequent, and the paroxysms lasted a much shorter time.

March 12th.—Severe pain came on in the afternoon, preventing sleep at night. R. Bromid. potass., gr. xx., ter die. He had a comfortable night, and on the 13th the attacks were shorter and the interval of relief longer. He continued to inhale ether at night. On the 15th, there was decided improvement, the attacks still diminishing in frequency, but on the 17th the pain rather increased, which the patient ascribed partly to the weather (severe snow storm). The next day was clear and cold, and the pain again diminished.

19th.—“Had the best night’s rest since entrance. Eat his breakfast without bringing on any paroxysm of pain, a thing which he has not been able to do for a long time.

20th.—“Pain very much diminished, and occurs only when he speaks, eats, or is suddenly spoken to. Even then, the paroxysms are of slight severity and of short duration.

22d.—“Complains now of soreness, but no pain.

26th.—“Improving daily. Sleeps well. No pain. Omit ether.

30th.—“Feels well. Asks to be, and may be, discharged, well.”

After the patient left the hospital he returned once or twice, and reported that he had had no recurrence of the pain. Several weeks afterwards he reappeared, to get the prescription of the pills which he took while in the hospital, stating that if he left off taking them for a few days a slight soreness would return in the seat of the original pain.

CASE II.—*Dropsy, without Albuminuria*.—Mrs. M. M., 40 years old, entered the hospital April 2d, 1867. For the previous three or four years she had suffered more or less from palpitation of the heart, but otherwise had enjoyed good health till two months ago, when she caught cold, and for about five weeks was troubled with pain in the left side (not materially affected by drawing a long breath), and with a frequent cough, accompanied by a copious white frothy expectoration. Three weeks ago, she noticed that her feet and hands were beginning to swell, the urine at the same time becoming scanty and high colored. The œdema was worse at night than in the morning. For the last two weeks she has noticed an increase in the size of the abdomen.

Patient in bed; pulse 84, irregular; tongue clean and moist; appetite good; bowels regular; catamenia ceased two and a half years ago; sleeps poorly, on account of dyspnoea when she lies down; considerable œdema of both lower extremities, and well-marked ascites; crackling in the lower part of each lung; first sound of heart at apex prolonged into a moderate soufflé. Urine scanty; sp.

gr. 1024; alkaline, and strongly ammoniacal, thick, brownish deposit; no albumen, no casts.

For several days the patient was unable to lie down, on account of dyspnoea, and consequently slept very poorly. The pulse was so irregular and feeble that it could not be counted at the wrist, but by listening to the impulse of the heart it was found to be very rapid, the rate being 160 on the day after her entrance. On the 5th of April it was 144, and continued about the same till April 11th, when it was 112, more regular, and easily counted at the wrist. On the 13th it was at 80, and remained thereabouts during the rest of her stay in the hospital. The dropsy and the dyspnoea increased for several days after her entrance, when they gradually diminished, the improvement being preceded by an increase in the amount of urine, which was first noticed April 11th. On the 14th was noted, "œdema diminishing; urine much increased in quantity." After this, the œdema and ascites diminished rapidly. On the 27th was recorded, "œdema and ascites have entirely disappeared. Pulse normal, except a slight irregularity in the beat. Liver can be felt about two inches below the ribs, on deep pressure, apparently normal." The patient was discharged, well, the same day.

The treatment of this case consisted in the employment of diuretics and hydragogue cathartics, and of a small blister over the heart; with whiskey, of which the patient took one ounce, three times daily, for several days. In the beginning, a drachm each of bitartrate of potass. and molasses was ordered every two hours; this was continued throughout the case, and on April 19th the dose was doubled. A grain each of digitalis and squill, with half a grain of blue pill, was ordered April 8th, and continued three times daily. Under the operation of these diuretics the urine became very abundant. Fifteen grains each of jalap and bitartrate of potass. were also given every few days, which operated copiously on the bowels. All medicines were discontinued April 21st, six days before the patient was discharged.

The origin of the dropsy in this case is obscure. There was a slight cardiac murmur, but not enough to indicate serious valvular disease. The indications from the urine showed that the kidneys were sound, and they certainly did their work well under the stimulus of diuretics. The liver might be slightly enlarged, but there was no decided evidence of its being diseased. It may be remarked that the rate of the pulse recorded the first day (84), was possibly an error of observation, as it was 160 the following day, and continued very rapid for several days. On account of the difficulty of counting it at the wrist, such an error might easily have been made. The rapid recovery of the patient under the treatment is interesting, and as there was no sufficient organic disease to account for the symptoms, it is hoped the cure may be permanent.

CASE III.—*Ulcer of the Stomach.*—L. D., seamstress, aged 24, un-

married, entered the hospital April 10th, 1867. States that her health has always been good till about three years ago, when she began to complain of soreness in epigastric region, accompanied by pain about two or three hours after eating, and swelling of the stomach, causing her to loosen her dress. Soon after the pain came on she would vomit, and then get entire relief from all the above-mentioned symptoms, except the tenderness in the epigastric region, which always remained. The matters vomited would consist either of the food she had just eaten, or, as she described it, of "sour water." Her bowels became constipated. The catamenia irregular, occurring sometimes every four weeks, and sometimes being absent for three months. During the last year and a half she had been obliged to lie on her left side. Eight months after the trouble first began, she had an attack of hæmatemesis, during which she raised, according to her own account, "two quarts of dark-red, clotted blood."

Symptoms on admission.—General emaciation. Weight, 85 pounds. Pulse 112. Tongue natural. Bowels costive. Catamenia irregular, not present for four months. Appetite poor. Pressure on almost every part of left hypochondrium causes pain. Well-marked tenderness immediately below xiphoid cartilage. Complaints of pain in epigastric region after eating; this is relieved by vomiting, which usually occurs about two hours after taking food. On swallowing, she complains of a feeling of stoppage about the cardiac entrance of the stomach.

She was placed upon a carefully regulated diet, consisting chiefly of milk and gruel, with fresh meat to chew, but not to swallow. An ounce of sherry wine was allowed daily. Compound tincture of iodine was applied to the skin, over the epigastrium; and fifteen drops of the tincture of the muriate of iron were given three times daily. The bowels were regulated by laxative pills, an occasional dose of castor oil, and a daily enema. An attempt was made to bring on the catamenia by a current of electricity passed from the pubes to the sacrum, but without effect. Under this treatment the patient improved very much, though occasionally there was a partial relapse. The pain and vomiting diminished, and there was a decided gain in weight. On entrance, she weighed 85 pounds; April 17th (seven days afterwards), the weight was 87½ pounds; a week afterwards, it was 89 pounds. At the time of leaving the hospital, it was 95 lbs. April 14th, there was vomiting of an acid fluid, but not of food. The iron had been gradually increased to twenty-five drops three times daily, and as a disposition to vomit after taking it was noticed, it was omitted, May 1st, and the subnitrate of bismuth was substituted for it, in the dose of eight grains three times daily. In view of the great emaciation of the patient, an attempt was made to give her cod-liver oil, but the medicine caused much vomiting, and had to be given up. A grain of the iron by hydrogen, three times daily, was then tried, but as the vomiting still continued, this was

exchanged for the bismuth again, with a quarter of a grain of opium night and morning. Afterwards, a few grains of the pulv. kino comp. were added to the bismuth. By the end of May the improvement was manifest, and the patient, who had previously been confined to her bed or arm-chair, was able to walk out. The complexion was healthier, the appetite improved, the nights were good, and the pain in the epigastrium ceased.

June 2d, the record says, "improving daily; no pain in epigastrium; took a long walk yesterday." June 3d, she was discharged, "much relieved."

This case was a typical one in all respects. The emaciation, the pain on pressure below the ensiform cartilage, extending to the dorsal region, the pain after taking food, relieved by vomiting—the vomiting of blood, the amenorrhœa and the constipation, form a group of symptoms which is perfectly characteristic. The emaciation of the patient was very great, as may be imagined from the fact that her weight, in health 125 pounds, was reduced to 85 pounds at her entrance, though she was but slightly under the medium height. She was, in fact, literally half starved. From the sensations which the patient experienced on swallowing, it was inferred that the ulcer (or one of them, supposing more than one to exist), was situated near the cardiac extremity of the stomach.

ON BRYONIA ALBA.

By JOHN C. PETERS, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

THIS remedy was well known to the ancients, and its use has been revived in modern practice. It was formerly much prescribed as a hydragogue cathartic, deobstruent and diuretic, especially in rheumatic, bilious, congestive and dropsical cases.

It is generally regarded as very similar to jalap in its effects, and Pearson thought it might be used as a cheap substitute for this medicine; but Wood and Bache say that it has been properly superseded by jalap, because the latter is not only more certain, but less acrid than fresh bryony, and not so liable to lose its strength by age. I am very confident that it more nearly resembles colchicum in its action than any other remedy, and possesses few or no powers which are not attributable to that well-known and much more useful medicine. Thus, Lindsay says bryonia is an acrid purgative, producing, in large doses, violent vomiting and purging, with more or less tormina, profuse watery evacuations, and fainting. It has also been used almost exclusively, and from time immemorial, in those diseases in which colchicum has been found most useful. Galen relied upon bryonia in gout. Alexander Trallian, in rheumatic pleurisy, stitches in the side, sciatica, and swellings of the joints. Louriger, in rheu-

matic bronchitis, asthenia and spitting of blood. Culpepper says it wonderfully helps many old and tedious coughs (which are generally rheumatic, catarrhal in their nature), and those who are troubled with rheumatic shortness of breath, and cleanses the chest of "rotten phlegm." In Frank's Magazine, three cases of inflammatory rheumatism are reported cured in a few days with from two to five or ten-drop doses of the tincture of bryonia.

As a simple or bilious purgative, it was used by Cælius Aurelianus in jaundice; by Dioscorides in vertigo, melancholy and epilepsy; by Sydenham in delirium and mania.

The action of colchicum in suppressing the secretion of milk is well known. The same power was attributed by some ancient authors to bryonia. In France it is in common use, in large and dangerous doses, for the purpose of stopping the secretion of milk in recently confined women. It is also given in inflammations of the breast. It has been supposed to rival aloes and black hellebore as an emmenagogue. Estmuller says it brings on the menses and sometimes causes abortion. Paulli says it has been used as a specific in diseases of the uterus of every kind, either to induce the menses, or expel a dead foetus, or remove obstructions of the womb, and cure hysteria.

Stephenson and Churchill say that the dried root of the bryonia dioica, or red-berried bryony, is a remedy of no little value [like the apocynum cannabinum] in dropsical cases, as they can testify from pretty extensive experience. They infused half an ounce of the dried root in a pint of boiling water, added one ounce of spirits of juniper, and gave a wineglassful every four hours, till numerous watery evacuations and copious secretion of urine took place. But, like all irritating purgatives, it occasionally acted too powerfully, when opiates and cordials were required to counteract it. Arnaud also used it in passive dropsy. Trautman used the bryonia alba in arthritic hemicrania and in rheumatic deafness; Hartmann in rheumatism of the womb; Montgarni in [rheumatic] dysentery, diarrhoea and colic. According to Tyrrell, the black bryony is the best application in bruises, black eyes, and ecchymosis of the conjunctiva, and is much employed by professed pugilists. It should be deprived of its outer bark, then finely scraped and mixed with bread crumbs or flour and water into a proper consistence; the whole to be enclosed in a thin muslin bag and placed over the injured part. In most cases, the discoloration will disappear in forty-eight hours, or more quickly than when arnica is used; but a fresh application is required every six or eight hours. It is considered so efficacious in France, that it is vulgarly called the "herb for bruised men."

In all the above diseases and others, colchicum will generally be found more useful than bryonia. Rheumatic headaches may be cured and prevented by from five- to ten-drop doses of tinct. of colchicum, aided or not by an occasional pill composed of extract of colchicum,

calomel and aloes, one grain each. Rheumatic ophthalmia, scleritis and iritis may be cured in the same way. Rheumatic sore throat, in which the muscles of the pharynx are more involved than the mucous membrane, is often thus relieved. Rheumatic bronchitis is almost as frequent as rheumatic pleurodynia, lumbago and sciatica; and many cough mixtures are rendered more efficacious by the addition of a small quantity of colchicum. The use of colchicum in rheumatic neuralgia is well known. Some diarrhoeas and dysenteries arise from taking cold, and may be followed by acute inflammatory rheumatism. Inflammations of the mammae and excessive secretion of milk are often controlled by colchicum. It also deserves attention in rheumatic dysmenorrhœa.

THE FEVER THERMOMETER.

To the Editors of the Boston Medical and Surgical Journal.

As facts gathered from the use of the so-called fever thermometer are engaging the attention of the profession at the present time, you will confer a favor by calling the attention of Dr. Paige to his report in the JOURNAL a short time since of his case of the "young man 18 years of age," who came to him after "feeling badly ten days," with some diarrhoea, &c., and whose symptoms three days after indicated a case of typhoid fever of "*rather more than usual severity*," and in whose case, six days later, "there were perceptible signs of convalescence," after which "the case progressed (in convalescence) finely" for four more days. In the evening of the thirteenth day from the date of the patient's first call, his brows were corrugated, pupils contracted, disagreeable feeling in head, &c.; and in less than twenty-four hours "death ensued," confirming the Doctor's prognosis and the value of the thermometer in diagnosis!

This is really a striking case, and shows how one attracted by a novelty may lose the way to truth. Looking with confidence on his "fever thermometer," the Doctor saw signs of convalescence the *ninth day* of the fever.

Now may we not reasonably doubt his diagnosis in this case? We certainly need more light on several points. How long before the patient's first call had he "*some diarrhoea*"? Did it continue? What was the nature, &c. of the discharges? What was the condition of the brain and of Peyer's patches, &c. after death? Were there rose spots, &c. &c.? Did he have one reliable typhoid symptom?

Whether this case was one of typhoid fever, or one of those hidden, insidious instances of meningitis from the start, I fail to see any marked advantage gained by the use of the thermometer. In the first place, the general appearance of the patient and the fact that he had been ill ten days with diarrhoea, would be quite sufficient to excite suspicion that he was under some specific influence; and

then again the excited condition of the patient, the contracted pupil, and the corrugated brows, with *hot* skin, were as significant as symptoms well could be. And while we see that the thermometer was useless at the beginning and end, we also feel that it was really injurious by declaring the fever at an end in the middle of the second week, although that fever was of "more than usual severity."

Lawrence, June 24, 1867.

G. W. G.

CASE OF FACIAL NEURALGIA.

By NORTON FOLSOM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A., about 22 years old, one year ago, not as strong and rosy as usual at the time, was suddenly seized with intense pain in the right temple, which continued for three months, in spite of external and internal remedies; the pain and loss of sleep reducing her considerably. The pain was worse at night, but never ceased entirely. It disappeared suddenly, without known cause.

Six weeks ago, she wet her feet (it was *not* during menstruation), and the pain suddenly returned. A brisk cathartic, followed by quin. sulph. gr. i., tinct. ferri chlor. gtt. xv., three times daily, the use of a hop pillow, and friction with camphor, gave no relief. Tongue coated; pulse frequent; no appetite; very little sleep; confined to bed. One week from seizure, she was found weeping bitterly from pain. One fourth of a grain of sulphate of morphia, in solution, was injected subcutaneously at the most painful and tender spot, at the middle of the temple. Relief ensued in ninety seconds, and sleep in twenty minutes. No nausea or other unpleasant symptom. Some tenderness and slight aching the next day. None since.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A STATED quarterly meeting of the Norfolk District Medical Society was held at the Phoenix House, Dedham, July 10th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The Records of the last meeting were read by the Secretary, Dr. Jarvis, and, after a few verbal corrections, approved.

Dr. C. E. Stedman, of Dorchester, read a case of prolapse of the funis treated by the method of Dr. T. Gaillard Thomas, by taxis and posture of the mother, on the elbows and knees; a method scarcely recognized by authors, or spoken of only with doubt. Churchill states that the greater number of children are lost in prolapse of the funis. Dr. Stedman's case was perfectly successful. His neighbor,

Dr. Fifield, had a similar case, which was equally successful. (Paper on file for publication.)

Dr. Channing, of Dorchester, had been successful in passing the funis above the head, and retaining it until it became fixed by the descent of the head.

Dr. Stedman said that Dr. Thomas's method has the advantage of simplicity, and requires but little dexterity.

Dr. Allen, of Roxbury, asked how this method worked in case of footlings. He said that in such cases he believed the cord would have to be replaced and protected from pressure by the fingers, or in some other way, as formerly.

The Chair announced the subject for discussion—"The Treatment of Pneumonia."

Dr. Robinson, of Roxbury, first on the list, confined his remarks chiefly to the history of the treatment of pneumonia, but advocated rational and expectant practice. In Bennet's cases, 1700 and upwards, a very large percentage in favor of the supporting, tonic, or stimulant plan is shown. His own, Dr. Robinson's, treatment was sedative during the violence of the fever, soon giving way to stimulants and tonics.

Dr. Salisbury, of Brookline, next in order, stated that he should be obliged to draw upon authorities for what he had to say, inasmuch as he had been requested, to prevent repetition, to speak more particularly upon venesection, &c. in pneumonia. Theoretically, he thought the practice of bleeding in pneumonia could be defended, and it certainly has the authority of great names, like Andral, Laennec, &c. Louis, however, to the minds of many, had proved the fallacy of these views. For his own part, Dr. Salisbury said he believed it to be a practice still justifiable.

Dr. Seaverns, of Roxbury, said he used opiates, preferably Dover's powders, every few hours, believing that relief from discomfort, causing a tranquil state of the mind, greatly relieved the dyspnoea and rapidity of respiration; locally, warm fomentations, &c. to the chest. Food, stimulants and tonics during resolution, with counter-irritation by iodine, or turpentine stupes, in convalescence, to dissipate the consolidation of the organ. Dr. Seaverns said that the mortality of Bennet's cases was greater than any that we know of here.

Dr. Spooner, of Dorchester, believed that pneumonia required different treatment in different patients, and under different circumstances and conditions. In young children it is rarely fatal. Dr. Spooner used tincture of aconite, one drop every few hours, and cold fomentations covered with dry cloths to chest, renewed frequently, until general moisture of skin ensues. Rarely the cases last more than two or three days; sometimes there is irritating cough, requiring expectorants and opium. In the period of resolution, hot fomentations to the chest. With this treatment Dr. Spooner has never lost a case under ten years of age. In adults, he used mustard and flour to chest. In old age and feeble patients, aconite has no effect, and pneumonia is frequently fatal to such. He spoke highly of tincture of aconite in pneumonia, and placed aconite by the side of opium in its general value. He said cold water should not be applied to the chest after moisture of the skin appears; but that it was very useful in subduing the inflammation of pneumonia.

Dr. Stedman, of Dorchester, said that he could scarcely conceive of a more embarrassing position than that of a young man, who went by the books, on being called to a case of pneumonia—so various and contradictory were authorities on the subject of its proper treatment. The fact is, that pneumonia is frequently fatal when double, but rarely so when single and uncomplicated. He had been in the habit of using antimony combined with laudanum in the treatment of pneumonia; also poultices to the chest, the administration of fluid food, and the prompt resort to stimulants.

Dr. Channing, twenty-one years in charge of a large hospital, his colleague being Dr. James Jackson, asked the latter once, why do you bleed in pneumonia? contrary to John Hunter's theory of inflammation. Dr. Jackson said, "I bleed to diminish agony," and that is the use of bleeding in pneumonia—it relieves pain. Being called once to a young man in pneumonia, many years ago, Dr. Channing gave him calomel in scruple doses, with antimony and opium, with almost instant relief, and without producing pyralism or any bad symptom. Another case followed soon after, with similar treatment and a similar result.

Dr. Adams, of Roxbury, gave the opinion and treatment of Dr. G. Stevenson Smith, Resident Physician of the Royal Hospital for Children, of Edinburgh, in his book on "Pneumonia in Young Children." Like other acute diseases in children, pneumonia generally terminated favorably. Treatment varied according to the individual symptoms. Three principal indications were:—1st, degree of fever; 2d, strength of patient, judged by the pulse chiefly; 3d, extent of the disease. Occasionally, in extreme cases, gave wine; ipecac or antimony, liq. ammon. acetat. and spts. æth. nitros.; sometimes tinct. digitalis and nitric acid. In the great majority of cases, of all types, he has employed a stimulant treatment, wine in tablespoonful doses every three hours; spirit ammon. aromatic; spts. æth. nitros. Diet as full as possible, nourishing liquids. Warm fomentations to the chest, covered with Mackintosh to prevent evaporation. During resolution, stimulants, cod-liver oil, with iron, &c., and embrocations of iodine, croton oil, &c. In short, in all cases, a simple constitutional or symptomatic treatment, never specific nor directed to the disease; and in the great majority of cases, stimulants from the beginning.

Dr. Fifield, of Dorchester, said the question was most often one of diagnosis, and that many men flattered themselves that they had succeeded in pneumonia, when in fact it was something else. He said that when there was relief from the application of mustard, or some such slight thing, he doubted if we were not mistaken in supposing we were treating pneumonia. He said he believed pneumonia never ended in chronic hepatization. Such cases were probably cases of effusion into the pleura. The deposit of an adventitious plastic substance may be doubted by some, but he believed in it, although he could not explain that nor the so-called gray hepatization. Dr. Fifield believed that pneumonia, being a deposit of plastic material into the substance of the lung, was to be treated as the testicle or eye under similar circumstances; he therefore believed in mercurial treatment in such cases. This might be old-fashioned, but he proclaimed himself an advocate of bleeding, with calomel and opium, in strong men affected with pneumonia.

Dr. Greene asked about the difficulties of auscultation in infants.

Dr. Seaverns said that there was a stage of pneumonia in infants previous to crepitus, characterized by puerile respiration.

Dr. Fifield said that it seemed to him that in children pneumonia is early characterized rather by puerile respiration in parts not affected than by crepitus in those that were.

Dr. Spooner said that he never diagnosticated pneumonia in a child unless he heard crepitus. Thought this not difficult.

The President, in summing up the discussion, said that before answering the question "what shall he do with it," it may be well to consider what it is that the practitioner has to deal with.

Pneumonia is a disease produced by a peculiar cause, as real and as undiscoverable as that which produces any other disease. When uncomplicated, it is confined to the lung proper, though it is not ascertained with certainty in what portion of this it takes origin. According to modern investigations, the disease is characterized by the development of granular elements; and there is authority* for saying that the usually described stages have no foundation in science. The process is the same throughout its whole course. Congestion, as a stage of pneumonia, is a misnomer. The change of color in the diseased portions is attributable to accumulation of the cell-elements and the disappearance of blood.

Pneumonia has its limits in what is called hepatization, at which period the lung is useless for aëri-fying blood, and vesicular respiration ceases to be heard.

It is often rapid in its progress towards culmination; and hepatization, so far as physical signs show, may be resolved in twenty-four hours, or even less. Although a simple attack may not require a week from beginning to convalescence, it is occasionally of a progressive or wandering nature, sometimes attacking successive portions till it has completed the entire circuit of the lungs. In one case, reported by Dr. Ellis, it was twelve days in going from the base of one lung round through the other to the top of that in which it began. The case proved fatal, but the part of the lung first attacked was found nearly restored, while other extensive portions were hepatized.

It sometimes stops in hepatization and fails to resolve. In this case it becomes the so-called *chronic pneumonia*; and after weeks, or rather months, the substance of the lungs gives way; they become disorganized, filled with cavities, and take on all the characteristics of tubercular degeneration.

The disease is often complicated by involving (by continuity) the bronchial or pleuritic surfaces, and then becomes *broncho- or pleuro-pneumonia*.

If such is the pathology of pneumonia, what shall be done with an uncomplicated case, properly diagnosticated?

As there is no drug known that will prevent an attack, so experience, as well as present science, teaches that there is no procedure capable with any certainty of annihilating or arresting the disease in its progress.

As the development of the granular elements does not depend on

* Prof. C. Ellis, M.D. Records of the Boston Society for Medical Improvement, February 7, 1864. Vol. v. pp. 182-3.

increased flow of blood to the part, abstraction of blood, even if it could be from the very seat of the disease, seems uncalled for. Careful observations (such as Louis's and Jackson's) confirm in practice what science itself indicated.

In student days he had repeatedly performed venesection in the Italian manner by direction of teachers. The patient was sometimes, not always, made easier for a short time—but it was the relief of exhaustion. The disease was not arrested, nor the patient's condition ultimately improved. Perceiving this result, his first patient with pneumonia, though a full-blooded man, he did not bleed. It required not a little courage at that time to abstain—for had the patient died, a young man's neglect would have been denounced by all the older members of the profession, and perhaps ruined him. Innovations are not so hazardous now-a-days.

Drugs causing violent commotion in the stomach and bowels, *emetics* and *cathartics*, strange as it may now seem, have been thought capable of arresting pneumonic disease—a peculiar process in different and distant organs. They have, in this neighborhood, for the most part passed out of fashion.

Nausea, in itself quite intolerable, was formerly often continually kept up by antimony, given to "tolerance." Happily, this too is now seldom resorted to in the expectation of jugulating the disease.

Veratrum viride, *digitalis*, and the like, have been tried, in the hope that by reducing the frequency of the pulsations the disease might be stayed. The plan has evidently little or no basis to rest upon, for the amount of blood to be aerated being nearly the same as before the attack, and the aerating organs being diminished by the disease, the heart, compelled to throw much less quantity at each beat, must move more rapidly, and the respirations must correspond in frequency, to accomplish the increased work required of the remaining healthy portion of the lung.

Blisters, *sinapisms*, &c. may be borne, possibly without increasing greatly the dangers of the disease; but he never saw benefit from their use, or philosophy in the theory of their application.

Expectorants, and all the farrago of "mixtures," if they accomplish anything, do this at the expense of disturbing the normal action of the stomach and digestive organs.

In all this, it must be borne in mind, he was speaking of "abortive treatment" only—or treatment to jugulate and cut short the disease.

Pneumonia, then, being a disease which cannot be shortened or removed by violence done to other organs, or the system generally, we must look, he said, in other directions for a *curative* plan of treatment. A general statement made in another place may be applied to pneumonia in particular. When the "disease 'has obtained foothold in the system,' we may remove as far as possible obstacles to the natural progress of its 'succession of processes,' and sustain the system as well as may be in its power of endurance, until these processes are duly and safely completed." In doing, or attempting to do this, there should be no prejudice against using for temporary purposes any of the appliances or drugs usually resorted to, but the individual case should be studied, and the person rather than the disease should be treated. While the action of one organ or set of organs is impeded, the others should be kept in as normal a condition as possible under

the circumstances, and the general system supported under the extra strain put upon it. Pain should, as far as seemingly advisable, be subdued, but opiates are not necessary for the relief of discomfort merely, nor to be pushed in all cases. Food and drinks need not be feared, nor should they be crowded into the stomach—the same may be said of stimulants. The skin should be kept warm, especially over the chest, for which purpose cotton batting is a good material (Aretæus seventeen centuries ago said “wool”), but heavy clothing and disagreeable appliances should be avoided. Beware of the *nimia cura curandi*. Save the patient, no easy matter, from the officiousness of well-meaning but injudicious and unskilled friends. In a word, as Trousseau said of croup, “hinder from dying,” if possible, while the disease runs its allotted course.

Dr. Draper, of West Roxbury, gave an account of the stabbing of young Cleary. Most prominent was a wound five inches long obliquely across the upper part of the thigh, near Poupart's ligament, in the vicinity of the femoral artery. Only one external incision, but going in two directions, the knife having been partially withdrawn and then pushed in again. It cut across one small branch of the femoral artery, grazing and partly dividing the main vessel. Assisted by Dr. J. Stedman, of Jamaica Plain, gave him ether, but he died before ligation of the arteries was effected. He was also found to have a deep wound in the shoulder close to the bone. He died of exhaustion from hæmorrhage previous to reaching his home. There was little or no bleeding after that. He walked 132 paces after he was stabbed.

The Committee to whom was referred the selection of a subject for discussion at the next quarterly meeting, reported “Extraordinary and unsuccessful cases, elucidated by autopsies.” Accepted.

After a remarkably full meeting, the Society adjourned at 3½, P.M.

Bibliographical Notices.

Les Formes du Corps Humain corrigées, et, par suite, les Facultés Intellectuelles perfectionnées par l'Hygiène. Par F. DANCEL. Paris. 1865.

THE brochure of 100 pages, with the above title, sufficiently attests the claim of Dr. Dancel to be styled a practical physiologist. His observations are ingenious and interesting, and would seem to be in some measure original.

Assuming that exercise and inaction modify the development and power of the organs in living bodies, and that different varieties of vegetables and species of animals are obtained by modifying the conditions under which they are placed, he urges that similar results are equally desirable in the human species, where no systematic effort to attain them has yet been made.

He asserts that there are not in man various temperaments, each with its peculiar advantages, but only two, the sanguine and the lymphatic, corresponding respectively to the strong and the weak constitution. The other so-called temperaments—the nervous and bilious—are but modifications of the lymphatic, and share its imperfections.

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His propositions are, further, that in perfect health there is absence of peculiarity of temperament; on the one side of this standard is the sanguine temperament, deriving its defects from the power of the organism, and, on the other, the lymphatic, nervous, bilious, and their compounds, deriving their defects from the weakness of the organism. Therefore, a nervous-sanguine or a bilious-sanguine temperament is an absurdity.

The sanguine temperament takes its source in a blood rich in quality rather than in quantity. A woman may have much blood, and yet her temperament is lymphatic, for, in her sex, the blood always falls below the standard of the sanguine in the proportion of the blood-globules to the watery parts. Thus, in respect to temperament, what is bad in a man may be good in a woman.

The man of sanguine temperament has a broad chest, is of medium height, moderate plumpness, well defined muscles, face oftenest free from color without being pale, and never with that roseate whiteness peculiar to women and lymphatic men. Promptness and energy, combined with endurance, are the traits peculiar to this constitution.

It is in the prime of life that these characteristics are manifested, for children and old men have not blood of the needful degree of excellence.

Fouquier is wrong in contending that a feeble constitution has certain advantages, intellectual and physical, over a strong one; for while woman is perfect with the mental and bodily characteristics peculiar to the lymphatic temperament, a man, having the same temperament, can never act his part in life as well as the man of sanguine constitution. While many men of lymphatic temperament have won a name in history, it is generally when devoted to some one pursuit, while the men of commanding genius, like those of herculean strength, have been of medium size and sanguine temperament.

Following these preliminary reflections, detailed advice is given how best to diminish obesity, to check emaciation, to favor the development of the body in height, and to hinder its too great growth in that direction.

The means of diminishing excessive corpulence have been published chiefly by Englishmen, and the case of Mr. Banting has become historic; but Dr. Dancel claims that the substance of all that has been written on the subject is derived from his *Préceptes pour diminuer l'Embonpoint*, first published in 1851.

He likewise asserts that treatment for the relief of obesity has been carried on sufficiently long under his direction to enable him to state confidently that the lymphatic temperament, which obese persons always possess, can be effectually converted into the sanguine, so that the happy individual can thenceforth indulge in the pleasures of the table without fear of a relapse into unwieldiness.

For the rest, suffice it to say, that many valuable suggestions of a practical character are to be found in Dr. Dancel's pamphlet, which will repay its perusal; while portions of it, as, for instance, his counsel to young ladies who are insufficiently adorned with adipose tissue, are rather French, and may excite a smile in the reader.

J. S. G.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, JULY 25, 1867.

THERAPEUTIC REVIEW.

WE translate from the *Union Médicale* the following extracts from a "Therapeutic Review." One or two of the inferences, would, it seems to us, bear qualification.

"Experiments made in the hospitals of Paris appear to have solved the question of the value of hypodermic injections with acetic acid into cancerous tumors. Employed by M. Tillaux, in the case of an old man at Bicêtre whose face was half destroyed by a cancer, they only temporarily arrested the progress of the evil, and the ulceration soon recommenced its invading march. The disease was not checked at all in the case of a woman placed under the care of M. Maisonneuve at Hôtel Dieu, the nose and cheek of the subject having been eaten into by an ulceration of bad aspect. The most favorable case is a patient of Prof. Laugier affected with cancrroid of the under lip. A considerable diminution of the tumor was manifest after the simultaneous employment of injections and external applications. But the amelioration ceased at the end of a few weeks, when recourse was had to the knife. (*Gaz. des Hop.*)

"This is the upshot of the benefit derived from this alleged specific, which, for a short time, made as much noise in the medical world as its predecessors, and yet is already no longer one of the questions of the day, even at London, its place of origin. Better than *a priori* condemnations these clinical experiments show its anti-cancerous inefficacy. As a residuum of these experiments, however, we may retain as incontestable the restricted action of this acid in suspending or arresting the progress of certain epithelial or cancrroid tumors of the face, which M. Guéniot was the first to perceive and explicitly point out. The greater part of the cases in which it has been employed testify to this palliative action. Cure even has been the result in some cases; but that does not by any means imply an anti-cancerous power, since from all time divers agents, like the chlorate of potash among the latest, have produced the same effect. The practical conclusion on this subject is to revert to and insist upon the employment of this acid in *noli me tangere*, varying its pharmacologic form, and using it either as a paste, as does M. Guéniot, or in solution, by way of lotion or injection.

"As to injections, in view of the atrocious pains they produce and which are prolonged six or eight hours, M. Fleming having associated with the solutions used from one to two centigrammes of acetate of morphine, in a case of scirrhus of the breast, met with a most happy result. The patient went to sleep almost immediately, and awoke four hours after, free from suffering. The effect was confirmed by a repetition of the experiment.—(*Lancet*, February.) The obstacle to their use is thus surmounted, and they can henceforth be employed with facility.

"The hydrochlorate of ammonia, as a sedative to the pains of senile gangrene is a veritable novelty which comes to us from the provinces. The fact is unique,

it is true, but is its own confirmation, and thus deserves to be reported. A lady of 83 years suddenly experienced intolerable pains in the right foot, not yielding to opiate cataplasms. No trace of inflammation was found. The next day, M. Ch. Gru noticed a general blue black tint extending to the tibio-tarsal articulation, where a narrow border of rose color gave a distinct indication of the line of demarcation between the healthy and the diseased parts. The pains were more acute in the second and third toes, with no exterior manifestation of the cause of this difference. Foot entirely cold, though it felt to the patient as if devoured by fire.

"In spite of the injection of one gramme of the gummy extract of opium, and of 5 grammes of laudanum, without counting the quantity employed in quite as large doses exteriorly, the pains persisted with increased violence. They wrung cries from the patient, whose altered features and livid face proclaimed death imminent.

"At this juncture M. Gru thought of the hydrochlorate of ammonia with which he had succeeded in certain inflammatory engorgements, and he entertained a hope that he could (gangrene being admitted by coagulation of the blood in the capillaries) liquify the coagulum and re-establish circulation. The diseased foot was then plunged into a pediluvium containing 250 grammes of the above-mentioned salt, and after two hours of immersion a notable alleviation took place. Fomentations with the same solution followed without intermission; for the pain reappeared as soon as the compress was removed. The patient had a good night, the normal heat and color returning by insensible degrees under the action of this topical application.

"An incontestable proof of the accuracy of the diagnosis set up, is the subsequent dropping off of the second toe, leaving a wound resembling a black cherry with the skin taken off. Under cinchona dressings it healed. But a year after, the same precursory signs of gangrene re-appeared at the same place, and were followed by a blackish phlyctæna midway of the external border of the foot. Underneath this phlyctæna was a spot of gangrene occupying the superficial layers of the skin. Now, the hydrochlorate of ammonia employed at once internally and externally triumphed immediately over these symptoms. Its sedative action upon the pains of senile gangrene is therefore indubitable. (*Bull. Med. de l'Aisne*, No. 3.)

"To theorize upon the *modus operandi* of the ammonia in such a case would be useless. We must rest upon the fact itself without seeking to interpret it. But the case is different as to its employment in large doses in tetanus, which Dr. MacAuliff has brought into repute by four successful cases, since which another has just been reported by Dr. Bertheau. A contingent of five successful results in this so formidable neurosis, they being brought about by the same remedy, is itself worthy of notice. But the sweating which constantly followed the use of the latter is still more remarkable. Upon the ground that tetanic symptoms terminate (*se jugent*) by an abundant spontaneous diaphoresis—as it were an effort of nature to throw off disease—the English physician wishing to imitate that effort, prescribes, as a diaphoretic, every two hours, until the cessation of the symptoms, a tablespoonful of the following solution, viz.: water, 600 grammes; liquor ammoniæ, 15 grammes; sugar, 5 grammes. M.

"In the case of idiopathic tetanus of M. Bertheau, it is in the dose of 8 grammes per day, in 400 grammes of the vehicle, that the ammonia has been ad-

ministered; and that, during five successive days; then 5 grammes during eight days more—making 80 grammes in thirteen days—an enormous quantity most assuredly. Now, it is remarkable that from the day when the ammonia was administered—leeches, blisters and antispasmodics having been previously used without effect—copious sweats set in, and the tetanic state, stationary for four days, progressively diminished till it ceased. (*Gaz. des Hop.*, No. 140; 1866.) Induction here permits the inference of a manifest diaphoretic action, without regard to what may be said by the *neo-vitalistes* as to its being a physical effect of rigidity, of muscular contraction and of oppression. It seems to us to act in the same manner as opium and morphine in large doses, the use of which is doubly rational here as calming spasm, and favoring diaphoresis.

“Confirmation of the efficacy of sudorifics is found in a case of tetanus supervening the twenty-fifth day of a typhoid fever, in a child of ten years, when he was apparently beginning to convalesce. He was cured by “moist heat.” Doctor Brissy, called in consultation, proposed to try the moist heat employed with success by a naval surgeon who placed his patients in the hold of his ship. A fire was at once kindled in the huge Dutch oven which served the purpose of a stove in the chamber, and an enormous caldron with several other vessels filled with water were placed upon it and heated to the boiling point. The chamber being kept closed, it became filled with a thick vapor, and after five or six hours of confinement in this uncomfortable medium, all the tetanic symptoms, except a little pain and lassitude in the limbs, were dissipated as by enchantment. (*Presse Med. Belge*, No. 51.)

“Although the above experiment relates to a rare and singular complication of typhoid fever, it seems to us worth while to call attention to this remedy as one of the most rational. If this derivative method of treatment is the best, the most sure that can be employed, it only remains to perfect the means of obtaining a prompt and complete effect, as for example, by using the vapor bath, or a *vaporarium* such as has been established at Reims, in pursuance of the experiments made at Hôtel Dieu by Prof. Trousseau.” * * *

“In a case of ascites, or rather of anasarca symptomatic of Bright’s disease, Doctor Alvarenga obtained remarkable success by the aid of electricity, after purgatives, diuretics, tannin in large doses, tonics, and alteratives had been used without effect. There were renal pains, with urine scanty, amber-colored, of a specific gravity of 1,021, and containing a great deal of albumen, in flakes or clots. Having entered the hospital of Desterro, the 25th of April, 1866, the patient was treated solely by applications of Clark’s Electro-magnetic battery on the 16th of September. One of the poles, fitted with a sponge, was carried over the lumbar region, while the other was made to traverse different points of the abdomen.

“From the 23d of September, the patient was comforted by the absorption of the infiltration. Urine lemon-colored, limpid, less dense, less albuminous, and more copious every day. Thus, from 60 ounces the 23d, it rose to 85 the 24th, and to 120 the 26th. But, the application of the electricity being suspended the next day, the quantity of urine fell from 100 ounces to 80 on the 29th, to 68 the 30th, and to 58 the 1st of October, becoming at the same time more and more dense, vermilion-colored, alkaline, and giving a whitish alkaline deposit containing a good deal of albumen.

“The electricity applied anew brought back the diuresis, and the previous

amelioration to the extent that the heart, which, at the outset, was displaced transversely (*trochocardia* of the author) had resumed its normal position. The abdomen was flat, flaccid, and free from contained fluid. The liver and spleen were bulky. Thus three times, the aggravation and amelioration respectively coincided with the suspension and renewal of the use of electricity—a peremptory proof of its therapeutic and particularly of its diuretic action. This is also shown by the daily quantitative tables of urine voided. (*Gaz. Med. de Lisboa.*)

“That there was actual Bright’s disease here, the author himself, as an exact and strict clinical observer, hesitates to maintain. But, the case is none the less one of fine success in the use of electricity, which should hereafter be employed empirically, like tannin in large doses, in analogous instances, where it is very difficult to pronounce upon the cause of the infiltration, and still more difficult to make that infiltration disappear.” * * *

“In preference to injections containing sub-nitrate of bismuth lauded by Dr. Cossy, a few years since, M. Luc, *Médecin-Major*, proposes starch injections. These are made with the impalpable powder of starch reduced to a pap sufficiently clear to be injected with water warmed to about 20° [Centigrade]. Used upon the cuirassiers at the infirmary, for recent and old inflammations of the urethra, they were so successful that the Doctor employs them to the exclusion of other injections. The same remedy in the venereal wards also of Prof. Michel of Strasburg, has given the best results. It is used four times a day during the decline of the disease, and after the local irritation has been calmed; in indolent urethritis at the outset. It has the advantage of being economical, of being easily employed under all circumstances without danger from poisonous elements, which is not the case always with bismuth, and of being entirely inoffensive; merits which are not to be despised.” (*Mém. de Méd. et Chir. Militaires.*)

“Dr. Nunn, an English writer on venereal diseases, relates wonders of the benefit derived from the alternate application of heat and cold in epididymitis. Placed in a hot bath the patient, about every ten minutes, and for one or two minutes only, directs a stream of cold water upon the testicle by means of an India-rubber tube provided with a faucet. Repeated three or four times alternately, this proceeding gives at once a sensation of relief. (*Lancet.*) It remains to decide whether this effect comes from the bath or from the heat and cold. Accordingly, the same result, adds M. Diday, may be obtained in a more simple way, by directing “mediately” and alternatively hot and cold water upon the testicle from the faucets which furnish them. He has also employed the alternation of heat and cold, after the acute stage, by means of hot fomentations, followed by compresses soaked with ‘vegeto-mineral’ water every two hours. (*Gaz. Méd. de Lyon.*) For this remedy to be operative and efficacious a ‘mediate’ action of it is presupposed.”

The *Union Médicale* hits the nail on the head in a notice of Dr. BIGELOW’S operation for ununited fracture. It says, “far from lauding one process to the exclusion of others, as is too often done, Prof. BIGELOW resorts to a mixed or rather composite method. Combining resection with periosteal autoplasty, and suture of the fragments, he has succeeded ten times in eleven operations. * * * This fact is sufficiently remarkable to be worthy of mention.”

The *Cincinnati Commercial* of July 2d, says: Chicagoans are seriously troubled about the drainage of the city. The ground Chicago stands upon is so flat and so nearly upon a level with the lake, that it is difficult to establish a system of drainage. The Chicago River being merely an arm of the lake, has hardly a perceptible current, and the filth of the city flowing into it makes it as offensive as the Thames in London. Recently the Chicago papers have been largely occupied with the question of disposing of the sewerage. The latest thing done has been to pump the water from the Chicago River into the Bridgeport Canal, and it has been demonstrated that the pump can throw more water than the canal can carry off, and that the banks of the canal have overflowed. The Chicago Journal said a few days since: The deep-cut proposition is one to cut through the crust of Illinois, so that the water of the Lake Michigan will flow into the Mississippi, and carry with it the washings of Chicago, manifestly an extravagant, if not chimerical project. But the experiment of pumping the Chicago River water into the Canal suggests a possible solution of the difficulty of Chicago under consideration. It is that the city might be sewered so as to carry the refuse matter into a basin, from which it could be pumped and carried off by a canal, and used to *enrich the prairies*.* No agriculturist or chemist need be told of the immense value of the sewerage of Chicago if carried into the State by a canal, and made useful as a fertilizer through a system of irrigation.

Baron von Liebig read a note "*On an Alimentary Preparation for Replacing Human Milk for Children*." Human milk of a person in good health contains, per cent., caseine, 3.1; sugar of milk, 4.3; butter, 3.1. Baron von Liebig concluded therefrom that woman's milk contains:—Blood-forming principles, 1 part; heat-producing principles, 3.8 parts. By mixing flour and milk in certain proportions, it is easy to compose a food in which the two nutritive principles are in the same proportion as in human milk—viz., 1 to 3.8. Cow's milk contains, on an average, 4 per cent. of caseine, 4.5 of lactose, 2.5 of butter. If we take, then, 10 parts of milk, 1 part of wheat flour, and 1 part of ground malt, we have a mixture satisfying all the necessary conditions. For preparing this the author recommends the following method:—A mixture is made of 15 grammes of wheaten flour, 15 grammes of ground malt, and 6 grammes of bicarbonate of potash; 30 grammes of water and 150 grammes of milk are then added. The whole is then heated and continually stirred until the mixture begins to thicken. It is then taken off the fire and stirred all the while. After five minutes it is boiled, and then strained through a wire or hair sieve. The ground malt necessary for this preparation is easily furnished by barley malt, obtained at any brewery. It can be ground in a common coffee-grinder, and then passed through a sieve. If this preparation is well made, it is as sweet as the natural milk; it is fluid enough, and keeps for twenty-four hours. In Germany the use of this food is very extensive, and its nutritive qualities are found to be excellent. It has a slight taste of flour or malt, to which children get accustomed—in fact, they soon prefer it to any other food.—*Trans. Acad. Sciences—Paris*, May 20, from *Chemical News*, &c.

The Art of Prescribing.—The London *Lancet* for June, 1867, says:—"It is to be doubted whether the improvement in the art of prescribing has kept pace with that of our knowledge of drugs and chemical combinations. Be that as it may, in some of the prescriptions that are handed to the pharmacist to dispense, the most incongruous intermixture of remedies, most dissimilar and contradictory in action, is ordered; whilst chemical considerations are set at defiance, and no regard is paid to the often complex changes that must take place upon the admixture of several different preparations, whose original properties are often completely altered. The real intentions of the prescriber are thus defeated, and the cure indirectly delayed.

"Mr. Daniel Hanbury recently discussed this subject at a meeting of the Phar-

* The Italics are ours.—Ed.

maceutical Society. He referred first of all to *unchemical formulæ*, giving as illustrations the combination of chloride of barium, sulphate of iron, and extract of gentian; the chloride being thus rendered inert: and, secondly, a prescription containing iodide of potassium, bicarbonate of potash, citrate of iron and quinine, ammoniated tincture of valerian, and water, the result being the production of a frothy white precipitate of quina, forming a mass suitable for pills. And this exemplifies a point not sufficiently well known—that quina does not combine with ammonia or an alkaline carbonate. *Unexpected combinations* sometimes result, of which the following is an example:—A prescription was written for a mixture, of which the more essential ingredients were Rochelle salts and calcined magnesia; this was taken without particular remark until a dose was swallowed from a bottle of the medicine which had been prepared some weeks. The effect was so disagreeable, and the taste so caustic, that the patient believed some error had been committed, and special inquiries resulted in the explanation that the calcined magnesia, by prolonged contact with alkaline tartrates, had gradually abstracted their tartaric acid, leaving the alkalies in a free and caustic condition.

Dr. GEORGE DERBY has been elected one of the Visiting Surgeons of the Boston City Hospital, *vice* Dr. C. E. Buckingham resigned.

THE chair of Materia Medica and Therapeutics, in the University Medical College of New York, vacated by the resignation of the venerable Prof. Martyn Paine, has been filled by the appointment of Dr. William H. Thomson.—Prof. Thomas M. Markoe takes the place of Dr. William H. Church, deceased, as one of the Surgeons in the Bellevue Hospital, New York.—Prof. Willard Parker having resigned his position as Surgeon in the City Hospital, New York, Dr. Ernst Krackowizer has been elected in his place.—Dr. William H. Van Buren has been elected one of the Consulting Surgeons to the New York Hospital.—In the Albany Medical College, the following appointments have been made: S. Oakley Vanderpoel, General Pathology and Clinical Medicine; James E. Pomfret, Physiology; John V. Lansing, Materia Medica.

THERE were 60 deaths in Providence, R. I., during the month of June, or 3 less than in the preceding month; 8 less than in June, 1866, and 8 less than the average for June during the last twelve years, though the population has increased more than twenty per cent. during the time. The same monthly number of deaths during the year, would give an annual mortality of only one in 75.8; or only 13.2 in each 1000 of the population by the census of 1865. There was not a single death, during the month of June, from any one of the summer complaints; and only 10 deaths of children under five years of age, which was only 16.6 per cent. of all the deaths. The average annual mortality of children under five years, is about 40 per cent. of all.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 20th, 1867.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	41	45	86
Ave. mortality of corresponding weeks for ten years, 1856-1866	44.8	41.9	86.7
Average corrected to increased population	00	00	96.3
Deaths of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, July 20th, 86. Males, 41—Females, 45. Accident, 1—anæmia, 1—apoplexy, 2—disease of the blood, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—cancer, 4—cholera infantum, 11—cholera morbus, 1—consumption, 10—convulsions, 2—croup, 2—debility, 1—diarrhoea, 1—dropsy, 1—dropsy of the brain, 5—drowned, 1—epilepsy, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 2—infantile disease, 2—insanity, 1—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 4—measles, 2—necrosis, 1—old age, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 2—suicide, 1—unknown, 5—whooping cough, 1.

Under 5 years of age, 37—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 57—Ireland, 21—other places, 8.